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STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

MICHIGAN.

Communicable Diseases—Notification of Cases—Quarantine—Placarding—School Attendance. (Reg. Bd. of H., Sept. 1, 1915.)

I. *Actinomycesis (lumpy jaw)*.—An infectious disease common to cattle and other domestic animals and often transmitted to man.

1. Cases must be reported.
2. Instruct patient to cover all open ulcers, burn cloths and other articles contaminated with discharges from affected part.
3. Avoid intimate contact with person suffering from disease.
4. Disinfection of room and all exposed articles after death or recovery of patient.

II. *Anthrax (wool sorters' disease; malignant pustule)*.—A dangerous and fatal infectious disease affecting cattle and man.

1. Cases must be reported.
 2. Destroy all contaminated cloths or other articles by burning.
 3. Disinfection of room and all articles exposed, after death of patient.
- III. *Chicken-pox*.—1. Cases must be reported.
2. Conspicuous placard on the house.
 3. Isolation of patient until desquamation is complete. Keep patient from school 10 days after desquamation is complete. Other children in the household who have had chicken-pox may continue in school.
 4. Fumigation not required.

IV. *Cholera (Asiatic)*.—1. Cases must be reported.

2. Isolation of patient.
3. Most rigid disinfection of all discharges.
4. Quarantine must be strictly enforced.
5. Terminal disinfection required if foregoing instruction relative to discharges is not complied with.

V. *Diphtheria and membranous croup*.—1. Cases must be reported.

2. Conspicuous placard on the house.
3. Quarantine minimum 21 days, or until two negative cultures are secured on successive days, after the fourteenth day. When possible to do so, consult State laboratory for final examination. Head of family may be disinfected, immunized, and released. Children not ill may be disinfected, immunized, and kept in quarantine elsewhere 10 days, after which they may attend school, if throat swabs are negative.

4. Complete disinfection of rooms and clothing after death or recovery of patient.

VI. *Dysentery (amebic and bacillary)*.—1. Cases must be reported.

2. Isolation of patient.
3. Disinfection of all discharges from bowels; destruction, by burning, of all contaminated articles of no special value; complete disinfection of articles that can not be burned.

4. Terminal disinfection of room and contents after death or recovery of patient.

VII. *Epidemic or streptococcic (septic) sore throat*.—1. Cases must be reported.

2. Isolation of patient.

3. Disinfection of all discharges from mouth, nose, and throat.
4. Terminal disinfection of room and contents after death or recovery of patient.

VIII. *Erysipelas*.—1. Cases must be reported.

2. Isolation of patient.
3. Disinfection of all materials coming into contact with erysipelatous areas required.

IX. *Impetigo contagiosa*.—1. Cases must be reported.

2. Isolation of patient. (The disease is contagious and spreads by scratching, as well as by common towels and other articles.)

3. Children having the disease must not attend school until all sores are healed and skin is smooth.

4. Disinfection of all contaminated articles.

X. *Leprosy*.—1. Cases must be reported.

2. Isolation of patient and enforcement of personal hygiene, care of the discharges, and sanitary surroundings.

3. Leprosy is communicable by long and intimate contact with a diseased person. Lepers should be humanely treated.

XI. *Measles*.—1. Cases must be reported.

2. Conspicuous placard on the house.

3. Isolation of patient two weeks. Exclude from school children in the household who have not had measles. No restriction on heads of families. Period of invasion and eruption most dangerous, hence necessity of early recognition and isolation.

4. Fumigation not required.

XII. *Mumps*.—1. Cases must be reported. Is an epidemic affection and is transmitted almost exclusively by direct contact from person to person, but cases have been traced to indirect infection through third persons or objects, hence the person afflicted should be isolated and kept out of school until entirely free from the disease or its complications or sequela. Contagious before symptoms appear.

2. The duration of the contagiousness is from two to six weeks, but, by fumigation of clothing, by disinfecting baths, and antiseptic gargles and mouth washes, return to school might be permitted sooner, upon the advice of the attending physician.

XIII. *Paratyphoid fever*.—1. Cases must be reported.

2. Disinfect all discharges and use same preventative measures as indicated for typhoid fever.

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XV. *Plague (bubonic; pneumonic; septicemic)*.—1. All forms must be promptly reported.

2. Patient must be completely isolated in a properly screened room.

3. Fabrics and other objects which become contaminated with the discharges must be burned or thoroughly disinfected.

4. The pneumonic type is highly "contagious" in the ordinary sense of the term, and the sputum is loaded with the plague bacilli. Physicians and others in attendance should be immunized, and individual protection against droplet infection by wearing a mask should be exercised. The bubonic type is characterized by appearance of "buboes" in the groins, arm pits, or neck. This and the septicemic form are not so "contagious" and the rules under typhoid fever will apply to them. The infection is carried long distances by ships from over the seas, through the medium of rats infected with the disease, hence a war on rats is necessary. Complete disinfection of room and contents, with sulphur dioxide, which not only kills the "bacillus pestis," but destroys all insects, is required after death or recovery of patient.

XVI. *Pneumonia (croupous or lobar)*.—1. Cases must be reported.

2. Conspicuous placard on the house.

3. Isolation of patients and disinfection of the sputum and excretions from nose and throat absolutely necessary. Every case is a focus for the spread of infection. (See pamphlet.)

XVII. *Poliomyelitis—acute anterior (infantile paralysis)*.—1. Cases must be reported.
2. Conspicuous placard on house.

3. Quarantine of household four weeks, minimum. Head of family and other adults may be released from quarantine after antiseptic bath and in disinfected clothing.

4. Complete disinfection of rooms and clothing after death or recovery of patient.

XVIII. *Rabies (hydrophobia)*.—1. Cases must be reported.

2. Isolation of patient and proper restraint.

3. Patient should be given Pasteur treatment as soon as possible after diagnosis has been made or if rabies is suspected.

XIX. *Rubella (German measles)*.—1. Cases must be reported.

2. Conspicuous placard on the house. Persons having this disease must be isolated until fully recovered. Children who have not had the disease, but are living in the same family or in the same house, if not exposed, may attend school. It has no relation to other measles or scarlet fever, and protects only against after attacks of the same infection.

XX. *Scarlet fever (scarlet rash; scarlatina)*.—1. Cases must be reported.

2. Conspicuous placard on the house.

3. Quarantine minimum 35 days or longer, until desquamation is complete. Head of family may be disinfected and released. Children not ill in the household may be disinfected and quarantined elsewhere for 10 days and then allowed to go to school. Patient may enter school and other public assemblies two weeks after release from quarantine.

4. Complete disinfection of rooms and clothing after death or recovery of patient. Milk from a dairy or farm where disease exists can not be sold.

XXI. *Smallpox*.—1. Cases must be reported.

2. Conspicuous placard on the house.

3. Absolute quarantine. Wage earners who have been successfully vaccinated may, upon revaccination, be disinfected and allowed to reside elsewhere, but should be under observation of health officer for 16 days. Other exposed persons, who have been successfully vaccinated, may be revaccinated, disinfected, and kept under observation 16 days. Exposed persons who have not been successfully vaccinated should be vaccinated and quarantined 16 days. Children from infected households should be barred from school until two weeks after release from quarantine. Smallpox may be acquired any time during progress of the disease.

4. Complete disinfection of rooms and clothing after death or recovery of the patient required.

XXII. *Spinal meningitis (acute cerebro)*.—1. Cases must be reported.

2. Conspicuous placard on the house.

3. Isolation of patient and attendant.

4. Complete disinfection of rooms and clothing after death or recovery of patient required.

XXIII. *Trachoma (contagious granular conjunctivitis; granular lids)*.—1. All cases must be reported.

2. Patient should use individual towels and washbasins. Discharges from eyes should be collected on cloths or paper napkins and burned. The infection is acquired by using roller towels, handkerchiefs, and other articles contaminated with infectious matter.

3. Intimate contact with others should be prohibited; personal hygiene should be insisted upon.

XXIV. *Tuberculosis*.—1. Cases must be reported.

2. Careful instructions regarding disinfection of sputum must be given.

3. Complete disinfection of room and clothing after death, recovery, or removal of patient required. (See tuberculosis law.)

XXV. *Typhoid fever*.—1. Cases must be reported.

2. Conspicuous placard on the house.

3. Isolation of patient. No restriction on other members of family. Excreta from patient must be thoroughly disinfected. Marketing of dairy products is forbidden by law.

4. Complete disinfection of rooms and clothing, after death or recovery of patient, required.

XXVI. *Typhus fever*.—1. Cases must be reported.

2. Conspicuous placard on the house.

3. Inasmuch as this disease is spread by body lice, clothes should be removed, burned, or disinfected by immersing in a 1-500 bichloride of mercury solution, or by boiling.

4. Thorough disinfection of rooms and contents, room should be kept closed for from 12 to 24 hours, with the object of destroying the lice.

XXVII. *Veneral diseases*.—1. Cases must be reported, but report may be made by number or initials, rather than by patient's name.

XXVIII. *Whooping cough*.—1. Cases must be reported.

2. Conspicuous placard on the house.

3. Isolation of patient until after whooping stage. Exclude from school children in the household who have not had whooping cough.

4. Children should be permitted to go out every day, but must not come in contact with others who have not had the disease. If possible, an attendant should always accompany them. Fresh air, but not vigorous exercise, is necessary in the treatment of whooping cough.

Pellagra—Notification of Cases—Control of. (Reg. Bd. of H., Sept. 1, 1915.)

XIV. *Pellagra* ("rough skin," "corn-bread fever," "corn sickness").—1. Cases must be reported.

2. History of the patient's diet and former residence should be carefully investigated.

3. Patient should be under observance of a physician. Proper diet, sanitary and personal hygiene should be insisted upon.

4. In view of the fact that the communicability of this disease is questioned by good authority, quarantine or isolation will not be arbitrarily insisted upon.